| UNITED S | STATES ]                                | DISTRICT | Court        |
|----------|---|----------|--------------|
|          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          | $\mathbf{c}$ |

| UNITE  | for the               | ISTRICT COURT                                      |  |  |  |  |  |  |
|--|-----------------------|--|--|--|--|--|--|--|
| -  | District of           | of   |  |  |  |  |  |  |
| Plaintiff V.  Defendant  | )<br>)<br>)<br>)<br>) | Civil Action No.                                   |  |  |  |  |  |  |
| SUMMONS IN A CIVIL ACTION  |                       |  |  |  |  |  |  |  |
| To: (Defendant's name and address)   |                       |  |  |  |  |  |  |  |
| A lawsuit has been filed against you.  Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: |                       |  |  |  |  |  |  |  |
| If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.   |                       |  |  |  |  |  |  |  |
|  | SDSTATES DISTRICT     | DOUGLAS C. PALMER                                  |  |  |  |  |  |  |
| Date:  | OI RE                 | CLERK OF COURT  Signature of Clerk or Deputy Clerk |  |  |  |  |  |  |

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Civil Action No.

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

|        | This summons for (nan  | me of individual and title, if any) |                                     |      |          |  |  |
|--------|--|-------------------------------------|-------------------------------------|------|----------|--|--|
| was re | ceived by me on (date)   |                                     |                                     |      |          |  |  |
|        | ☐ I personally served  | the summons on the individ          | lual at (place)                     |      |          |  |  |
|        |  |                                     | on (date)                           | ; or |          |  |  |
|        | ☐ I left the summons   | at the individual's residence       | or usual place of abode with (name) |      |          |  |  |
|        | , a person of suitable age and discretion who resides there                        |                                     |                                     |      |          |  |  |
|        | on (date), and mailed a copy to the individual's last known address; or            |                                     |                                     |      |          |  |  |
|        | ☐ I served the summe   | ons on (name of individual)         |                                     |      | , who is |  |  |
|        | designated by law to accept service of process on behalf of (name of organization) |                                     |                                     |      |          |  |  |
|        |  |                                     | on (date)                           | ; or |          |  |  |
|        | ☐ I returned the sum   | mons unexecuted because             |                                     |      | ; or     |  |  |
|        | ☐ Other (specify):   |                                     |                                     |      |          |  |  |
|        |  |                                     |                                     |      |          |  |  |
|        |  |                                     |                                     |      |          |  |  |
|        | My fees are \$   | for travel and \$                   | for services, for a total of \$     |      |          |  |  |
|        |  |                                     |                                     |      |          |  |  |
|        | I declare under penalty of perjury that this information is true.                  |                                     |                                     |      |          |  |  |
|        |  |                                     |                                     |      |          |  |  |
| Date:  |  |                                     | Server's signature                  |      |          |  |  |
|        |  |                                     | G                                   |      |          |  |  |
|        |  |                                     | Printed name and title              |      |          |  |  |
|        |  |                                     |                                     |      |          |  |  |
|        |  |                                     |                                     |      |          |  |  |
|        |  |                                     | Server's address                    |      |          |  |  |

Additional information regarding attempted service, etc: